## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 10, 2008 8:00 am Secretary of State

DOCUMENT # P05000141076  1. Entity Name DIPATRE MARKETING, INC.							Secretary of State 06-10-2008 90001 030 ***150.00				
Principal Plac 1657 INKBE JACKSONVILI	RRY LN		Mailing Address 1657 INKBERRY LN JACKSONVILLE, FL 32257			· .	\$D]U8U/1				
Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc			Suite, Apr. #. etc				05232008	Chg-P	CR2E	034 (12/06)	
City & State			City & State				4. FEI Numb 20-364			<del>}</del>	oplied For ot Applicable
Zip 32259 Country		Zip 32259 Coun		ntry		<u> </u>	of Status Desired		\$8.75 Add Fee Require	ditional d	
	6. Name	and Address of Current	Registered Agent		Name	<del></del>	7. Name and	Address of New F	legistered	Agent	
BRENNAN THE SUNT 76 S LAUF JACKSON	RUST BL RA ST - S1	TE 2110			Street Ad	idress (i	P.O. Box Numb	er is Not Acceptabl	e)		
					City				FI	Zip Cod	le
	named entiti ions of regist		r the purpose of changing its	registere	ed office or	register	ed agent, or bo	th, in the State of Fl	orida. I an	familiar with.	and accept
SIGNATURE  Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)											
			9. Election Campa						DATE		
		FEE IS \$550.00 stember 12, 2008	Trust Fund Cont				00 May Be ed to Fees				
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS	/CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11
NAME STREET ADDRESS	D DIPATRE 1657 INKE	, JOHN J BERRY LN	☐ Delete	TITLE NAMI STRE						Change	Addition
CITY-ST-ZIP	JACKSON D	IVILLE, FL 32257	[7]	_	-ST-ZiP	JAC	KSONVILL	E, FL 3225	9	LTS: AL	
NAME STREET ADDRESS CITY-ST-ZIP	DIPATRE 1657 INK	, CHRISTINE BERRY LN	Delete		E ET AODRESS	TACI	V CONUTI I	E E1 2225	٥	_ <b>3</b> Change	Addition
TITLE	JACKSON	WILLE, FL 32257	Delete	TITLE	- ST - ZIP E	JACI	KSONVILL	E, FL 3225	7	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				NAME STRE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i i					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	E ET ADDRESS - ST- ZIP					☐ Change	Addition
of the cor	on this repor poration or th or on an atta	it or supplemental report is ne receiver or frustee empe	this filing does not qualify to true and accurate, and that in womend to execute this report and all other like empowered	ny signat as requir	ture shall ha	ive the s	same legal effer , Florida Statute	ct as it made under i	oath: that I	am an officer	or director

## ATTACHMENT

## MORRIS AND MORRIS, T.A.

CERTIFIED PUBLIC ACCOUNTANTS
3500 CARDINAL POINT DRIVE
P.O. BOX 56375
JACKSONVILLE, FLORIDA 32241-6375

BYRON MORRIS, C.P.A. (1922-1997) JOEL C. MORRIS, C.P.A., J.D. # P05000141076

TELEPHONE (904) 737-4241 (800) 282-9243 FAX (904) 737-4242

May 23, 2008

Division of Corporations P.O. Box 6198 Tallahassee, FL 32314

RE: Dipatre Marketing, Inc. EIN: 20-3642879

Dear Sir/Madam:

I am writing on behalf of Dipatre Marketing, Inc., regarding its filing of the Corporation Annual Report. The taxpayer is filing this after the due date since the note-card notification was not received by Dipatre Marketing, Inc. The taxpayer discovered the fee was not paid and its examination revealed the street address utilized by the Division of Corporations is correct but the zip code is not. Instead of 32257 the zip code is 32259. This has been corrected on the enclosed Corporation Annual Report along with a check of \$150. I appreciate your attention on this matter.

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Jøel C. Morris

JCM/dsi

Enclosures

cc: Mr. John J. Dipatre

President, Dipatre Marketing, Inc.